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## BIB DATA SHEET

CONFIRMATION NO. 7765

|  |   |  |                                    |  |                           |                                |
|--|---|--|------------------------------------|--|---------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/530,354   | <b>FILING or 371(c) DATE</b><br>09/27/2005<br><b>RULE</b>   | <b>CLASS</b><br>382                                      | <b>GROUP ART UNIT</b><br>2624      | <b>ATTORNEY DOCKET NO.</b><br>GRUNP51                        |                           |                                |
| <b>APPLICANTS</b><br>Georg-Friedermann Rust, Gauting, GERMANY;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/EP03/11033 10/06/2003<br><b>** FOREIGN APPLICATIONS *****</b><br>GERMANY 102 46 355.7 10/04/2002<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> |   |  |                                    |  |                           |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and Acknowledged <u>/NANCY BITAR/</u><br>Examiner's Signature                       |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWINGS</b><br>1                                  | <b>TOTAL CLAIMS</b><br>20 | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>IP STRATEGIES<br>12 1/2 WALL STREET<br>SUITE I<br>ASHEVILLE, NC 28801<br>UNITED STATES   |   |  |                                    |  |                           |                                |
| <b>TITLE</b><br>Interactive virtual endoscopy  |   |  |                                    |  |                           |                                |
| <b>FILING FEE RECEIVED</b><br>1030   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                                    | <input type="checkbox"/> All Fees                            |                           |                                |
|  |   |  |                                    | <input type="checkbox"/> 1.16 Fees (Filing)                  |                           |                                |
|  |   |  |                                    | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                           |                                |
|  |   |  |                                    | <input type="checkbox"/> 1.18 Fees (Issue)                   |                           |                                |
|  |   |  |                                    | <input type="checkbox"/> Other _____                         |                           |                                |
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